

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		59	3-25
FORMALITY REVIEW	108151		4-24-98

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	9/30	10/1	10/2	10/3	10/4	Date
1	1	✓	✓	✓	✓	✓	✓	
2	2	✓	✓	✓	✓	✓	✓	
3	3	✓	✓	✓	✓	✓	✓	
4	4	✓	✓	✓	✓	✓	✓	
5	5	✓	✓	✓	✓	✓	✓	
6	6	✓	✓	✓	✓	✓	✓	
7	7	✓	✓	✓	✓	✓	✓	
8	8	✓	✓	✓	✓	✓	✓	
9	9	✓	✓	✓	✓	✓	✓	
10	10	✓	✓	✓	✓	✓	✓	
11	11	✓	✓	✓	✓	✓	✓	
12	12	✓	✓	✓	✓	✓	✓	
13	13	✓	✓	✓	✓	✓	✓	
14	14	✓	✓	✓	✓	✓	✓	
15	15	✓	✓	✓	✓	✓	✓	
16	16	✓	✓	✓	✓	✓	✓	
17	17	✓	✓	✓	✓	✓	✓	
18	18	✓	✓	✓	✓	✓	✓	
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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